DTO/SR/81 (01-06)

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

|                         | P10/5b/61 (01-0   |  |  |  |
|-------------------------|---|--|--|--|
| Application Number      | 10/661.366  |  |  |  |
| Filing Date             | September 12, 2003  |  |  |  |
| First Named Inventor    | Kerschbaumer, Randolf   |  |  |  |
| Title                   | FACTOR IXA SPECIFIC<br>ANTIBODIES DISPLAYING FACTO<br>VIIIA LIKE ACTIVITY |  |  |  |
| Art Unit                | 1644  |  |  |  |
| Examiner Name           | Michael Edward Szperka  |  |  |  |
| Attorney Dealest Number | 000050 000400110  |  |  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.  |  |              |                     |                      |                          |     |  |  |
|---|--|--------------|---------------------|----------------------|--------------------------|-----|--|--|
| I hereby appoint:   |  |              |                     |                      |                          |     |  |  |
| Practitioners associated with the Customer Number:  |  |              | 44183               |                      |                          |     |  |  |
| OR  | '                                      |              |                     |                      |                          |     |  |  |
| Practitioner(s) named below:  |  |              |                     |                      |                          |     |  |  |
|   | Name                                   |              |                     | Registration Number  |                          |     |  |  |
|   |  |              |                     |                      |                          |     |  |  |
|   |  |              |                     |                      |                          |     |  |  |
|   |  |              |                     |                      |                          |     |  |  |
|   |  |              |                     |                      |                          |     |  |  |
| as my/our attorney(s) or ag<br>Trademark Office connecte  | ent(s) to prosecute the application ic | dentified at | ove, and to transac | ct all business in t | the United States Patent | and |  |  |
|   |  |              |                     |                      |                          |     |  |  |
| Please recognize or change the correspondence address for the above-klentified application to: The address associated with the above-mentioned Customer Number:                                       |  |              |                     |                      |                          |     |  |  |
| OR  |  |              |                     |                      |                          |     |  |  |
| The address associated with Customer Number:  |  |              |                     |                      |                          |     |  |  |
| OR  | l                                      |              |                     |                      |                          |     |  |  |
| Firm or<br>Individual Name  |  |              |                     |                      |                          |     |  |  |
| Address   |  |              |                     |                      |                          |     |  |  |
|   |  |              |                     |                      |                          |     |  |  |
| City  |  |              | State               |                      | Zip                      |     |  |  |
| Country   |  |              |                     |                      |                          |     |  |  |
| Telephone   | Email                                  |              |                     |                      |                          |     |  |  |
| I am the:<br>Applicant/Inventor.  |  |              |                     |                      |                          |     |  |  |
| Joint assignee of record of an undivided portion of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |  |              |                     |                      |                          |     |  |  |
| SIGNATURE of Applicant or Assignee of Record  |  |              |                     |                      |                          |     |  |  |
| Signature   | los hun                                |              |                     | Date 8/              | 10/07                    |     |  |  |
| Name  | øseph Reagen                           |              |                     | Telephone            | 847-948-3315             |     |  |  |
| Title and Compar Additional Authorized Officer, Baxter International Inc.   |  |              |                     |                      |                          |     |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |              |                     |                      |                          |     |  |  |
| *Total of _2 forms are submitted.   |  |              |                     |                      |                          |     |  |  |